



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
PO Box 12157 • Austin, Texas 78711-2157  
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov) • [cs.cosmetologists@tdlr.texas.gov](mailto:cs.cosmetologists@tdlr.texas.gov)

## COSMETOLOGY STUDENT PERMIT APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with a cashier's check or money order on top. **Do not use staples.**

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.**

1. NAME - Write your legal name in the spaces provided. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DO YOU HAVE A SOCIAL SECURITY NUMBER: Check YES or NO to indicate if you have been issued or Assigned a Social Security Number by the Social Security Administration.
3. SOCIAL SECURITY NUMBER - Social security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
  
[www.oag.state.tx.us/child/index](http://www.oag.state.tx.us/child/index) or call (512) 460-6000 or (800) 252-8014
4. DATE OF BIRTH - Write your birthdate.
5. GENDER - Select whether you are male or female.
6. MAILING ADDRESS - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS - Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. COSMETOLOGY SCHOOL INFORMATION - Write the name, school permit number, and address of the cosmetology school you will be attending.
10. COURSE TYPE - Write the course type you are enrolling in. Example (COP, CMA, and CFA)
11. ENROLLMENT DATE - Write the date you enrolled in the cosmetology school course listed in item 10.
12. ARE YOU ENROLLING IN A HIGH SCHOOL COSMETOLOGY PROGRAM - Check YES or NO to indicate if you are enrolling in a sponsored high school cosmetology program at a college or vocational school.
13. HAVE YOU GRADUATED HIGH SCHOOL OR OBTAINED YOUR G.E.D - Check YES or NO to indicate if you have graduated from high school or obtained your G.E.D. If YES, enter the high school name, city, state, and date of graduation.
14. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application. Additionally, your instructor must sign and date your application.



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FOR LICENSING USE ONLY

## COSMETOLOGY STUDENT PERMIT APPLICATION

FOR FINANCIAL SERVICES USE ONLY

**DO NOT WRITE ABOVE THIS LINE**

**APPLICATION FEE: \$25 (FEE IS NON-REFUNDABLE)**

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR**

**ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK**

**1. Name:**

\_\_\_\_\_  
Last First Middle Initial Suffix (JR, SR, III)

**2. Do you have a Social Security Number (SSN):** ☐ Yes ☐ No

**3. Social Security Number:**

(See instruction sheet for disclosure information) \_\_\_\_\_

**4. Date of Birth:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Month Day Year

**5. Gender:** ☐ Male ☐ Female

**6. Mailing Address:** (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Apartment Number

**7. Phone Number:**

City State Zip Code (Area Code) Phone Number

**8. Email Address:**

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

**9. Cosmetology School Information:**

School Name

School Permit Number

Number, Street Name, Suite Number

City

State

Zip Code

**10. Course Type:** \_\_\_\_\_

**11. Enrollment Date:** \_\_\_\_\_

**12. Are you enrolling in a high school cosmetology program?** ☐ Yes ☐ No

**13. Have you graduated high school or obtained your G.E.D?** ☐ Yes ☐ No  
**If YES:**

School Name

City

State

Graduation Date

**14. STATEMENT OF APPLICANT**

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51, 1602, and 1603; 16 Texas Administrative Code, Chapter 60; and the Cosmetology Administrative Rules, 16 Texas Administrative Code, Chapter 83. I understand that providing false information on this application my result in revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Student Signature

Date Signed

Instructor Signature

License Number